



4255 N US Highway 85 • Castle Rock, CO 80108
 Phone: (303)688-1991 • Fax: (303)688-1992

VARIANCE APPLICATION

Instructions: In order to properly evaluate, process, and issue a variance, a Variance Application must be completed.

- The Variance Application **MUST** be signed by an official company representative.
- The non-refundable Variance Application Fee (**\$200**) is due **each time** the application is submitted.
- **Make checks payable to Plum Creek Water Reclamation Authority.**
- **Deliver or mail payment to 4255 N. US Hwy 85, Castle Rock, CO 80108**
- **Incomplete applications will be returned.**
- **Applications will not be processed until payment has been received.**

PRINT OR TYPE INFORMATION LEGIBLY ALL SECTIONS MUST BE COMPLETED				
SECTION A: BUSINESS OWNER INFORMATION				
1. Business Owner's Name:		2. Company Name:		
3. Address:	Street address			City, state, zip
4. Telephone Number:			5. Email Address:	
SECTION B: FOOD SERVICE ESTABLISHMENT INFORMATION				
1. Food Service Establishment Name:				
2. Address:	Street address			City, state, zip
3. Telephone Number:			4. Email Address:	
SECTION C: KITCHEN FIXTURES & CAPACITY				
1. Kitchen Fixtures – CHECK YES OR NO. IF YES, INCLUDE QUANTITY AND DRAIN SIZE				
YES	NO	FIXTURE	QUANTITY	DRAIN SIZE DIAMETER (INCHES)
		3 Compartment Sink		
		2 Compartment Sink		
		Hand Sink		
		Dishwasher		
		Mop Sink		
		Floor Drain		
		Floor Sink		
		Garbage Disposal		
		Other (Please describe)		
2. Maximum Occupancy:		3. Estimated meals served per day:		
4. Square Footage of ENTIRE Facility (please include outdoor seating if applicable):				

SECTION C: REASON FOR VARIANCE REQUEST

1. Please check one:

<input type="checkbox"/>	New Food Service Establishment	<input type="checkbox"/>	Remodel of Existing Food Service Establishment
<input type="checkbox"/>	Change in Ownership	<input type="checkbox"/>	Change in Menu
<input type="checkbox"/>	Other (please specify):		

2. Please indicate your reason(s) for requesting a variance from the interceptor installation requirements:

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SECTION D: REQUIRED ATTACHMENTS

	Description of the operations at the food service establishment on company letterhead with the owner's signature. Include the type of food, methods of cooking, and the scope of equipment maintenance and cleaning. Clearly state your justifications for a variance.
	Dated copy of menu and/or proposed menu changes.
	Stamped plumbing plans, specifications and drawings from a licensed engineer, including those of the interceptor which follows PCWRA's design and specifications of an approved interceptor.
	Itemized quote from a licensed engineer or contractor describing the construction, interceptor purchase and installation, and any other relevant costs that contribute to this variance request.
	Completed and signed Food Service Application.
Please note, the application will only be considered complete if all sections of the application have been populated and the above items are included with the application.	

- If any laboratory analysis has been performed on the wastewater discharge(s) from a similar facility, attach a copy of the most recent data to this application. Be sure to include the date of the analysis, name of laboratory performing the analysis, and the location(s) from which sample(s) were taken. Attach sketches, plans, and more as necessary.
- Note to Signing Official: In accordance with Title 40 of the Code of Federal Regulations Part 403 Section 403.14, information and data provided in this application which identifies the nature and frequency of discharge shall be available to the public without restriction. Requests for confidential treatment of other information shall be governed by procedures specified in 40 CFR Part 2. Should a discharge permit be required for your facility, the information in this application will be used to issue said permit.

****To be signed by an authorized official of the proposed facility***

****Application will not be processed unless the Food Service Application is signed and dated***

I have personally examined and am familiar with the information submitted in this document and attachments. Based upon my inquiry of those individuals immediately responsible for obtaining the information reported herein, I believe that the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of a fine and/or imprisonment.

I understand that the interceptor is designed to remove fats, oils, grease, and food solids from the wastewater stream in order to prevent discharge that could cause pass-through or interference with the wastewater collection and treatment systems. I understand that Plum Creek Water Reclamation Authority may impose stricter requirements or revoke an approved variance if this facility fails to meet the conditions of a variance or if there is substantial evidence that the discharge from this facility contains fats, oils grease and/or food solids.

Date:	Title:
Signature of Official:	Printed Name of Official:

Receipt Information for PCWRA, Office Use Only

Application Fee \$200 paid in full:	Yes	No	Paid by:	
Check Number:	Received by:		Date Received:	
Facility Name and Address:				